

LG510 City or County Annual Report, 10% Lawful Gambling Contribution Fund**By March 15 mail or fax to:**

FAX: 651-639-4032

Gambling Control Board

1711 W. County Road B, Suite 300S

Roseville, MN 55113

Questions or need a filing extension? Call 651-539-1900.

Name of city or county [may not be township]

This report is for **calendar year 20** _____

Street

City

MN

Zip code

Financial Information, 10% Contribution Fund [Minn. Stat. 349.213, Subd. 1]**1. Contribution rate** 1. _____ %

May not exceed 10% per year of net profits; may not be a variable rate.

Net profits are gross profits less amounts expended for:

(a) allowable expenses, and (b) lawful gambling taxes.

2. Fund balance, if any, as of December 31 of previous calendar year. 2. \$ _____

If none, enter O.

3. Interest earned, if any, on fund balance for the calendar year. 3. \$ _____**4. Contributions received from licensed organizations for the 10% fund****NOTE:** Do not include amounts received for:

- a local gambling regulatory tax or investigation fee, if any, or

- any voluntary contributions made by an organization.

Name of licensed organization**Amount contributed**

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Enter total on line 4 4. \$ _____**5. Subtotal.** Add lines 2, 3, and 4 5. \$ _____**6. From page 2, enter the total of expenditures made from the 10% fund.** 6. \$ _____**NOTE:** The line 6 amount may not exceed the amount of line 5.**7. Year-end balance on December 31.** Line 5 minus line 6. 7. \$ _____**Continued on page 2**

Name of city or county _____

Expenditures - Payee/Recipient Information

6. Expenditures - List the expenditures, if any, made from the 10% fund, using the codes listed below to describe the purpose of the contribution. Include any narrative that helps to describe the purpose.

Payee/recipient	Code*	Amount
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
_____	A _____	\$ _____
Enter total on page 1, line 6 \$ _____		

NOTE:
A contribution may not be made to an organization that contributed

*** Use codes listed below to describe expenditures made above**

A1 To 501(c)(3) organization or 501(c)(4) festival organization	A11 Church
A2 Relieving effects of poverty, homelessness, or disability	A12 With Minnesota Pollution Control Agency [PCA] approval, citizen monitoring of surface water quality by individuals. Requires submission of data to PCA.
A3 Program for education, prevention, or treatment of problem gambling	A13 With DNR approval, wildlife management projects or activities that benefit public-at-large; grooming or maintaining snowmobile or all-terrain vehicle trails, or other trails open to public use; supplies and materials for DNR coordinated safety training and education programs
A4 Public or private nonprofit school	A14 Nutritional programs, food shelves, and congregate dining programs primarily for persons 62 or older or disabled
A5 Scholarship fund	A15 Community arts organizations, or sponsorship of community arts programs
A6 Recognition of military service [open to public] or support for active military personnel and their immediate family members in need	A19 Humanitarian service - recognizing volunteerism or philanthropy
A7 Activities and facilities for youth	
A10 Expenditures for police, fire, and other emergency or public safety-related services, equipment, and training. NOT ALLOWED: Contribution to pension or retirement funds	

Acknowledgment

___ I am the official responsible for the financial reporting of the restricted fund, per Minn. Stat. 349.213, Subd. 1.
 ___ I am aware of restrictions under Minnesota law on expenditures from this fund and affirm that the expenditures meet the definition of charitable contributions as defined in Minn. Stat. 349.12, Subd. 7a, or are for police, fire, and other emergency or public safety-related services, equipment, and training, excluding pension obligations, and are accounted for in a manner consistent with generally-accepted accounting principles.
 ___ I have reviewed this report and affirm that the revenues, expenditures, and the fund balance reflect the activity of the fund during this calendar year and is a true, correct, and complete report.

Signature of city or county official _____

Title _____

Date _____

Print name _____

Phone number _____

Email address _____

The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities. This publication will be made available in alternative format upon request.